

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2							52		2				
3		2					53		2				
4		2					54		2				
5		2					55		2				
6		2					56		2				
7		2					57	1					
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69	1					
20		2					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29	1						79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85		2				
36	1						86		1				
37	1						87		2				
38		1					88						
39		1					89	1					
40	1						90						
41		1					91						
42	1						92						
43		1					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49	1						99						
50	1						100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

128/12